

## COMMUNITY SERVICES DEPARTMENT Housing Assistance Division P.O. Para 27210 : Transport Art 20772 (

P O Box 27210 Tueson, AZ 85726 (520)791-4739 Fax (520)791-2506 TTY (520)791-5481



## AFFIDAVIT OF NO ALIMONY/CHILD SUPPORT

(Complete a separate form for each child)

Unit #:		
Applicant Name:		_
Child's Full Name		Child's DOB:
* I confirm that I h	ave custody (51% or more of the time) of the child listed a	bove.
Choose only one of	the three options below:	
COI	m not entitled to receive any alimony, child support, mpensation under any court order or non-court agreementes for alimony, child support, or separate maintenations.	ment. I am not in the process of seeking any
I a	m not currently entitled to receive any alimony, child npensation under any court order or other agreement	d support, separate maintenance or other
<b>H</b> o \$	wever, I believe I will receive such an order within per month, commencing on	the next 12 months. I expect to receive, 20
I a	m entitled to receive alimony, child support, separate art order or other agreement in the amount of \$(Attach applicable agreement – is	per month.
No 12	twithstanding the above, <b>I expect to receive</b> no more months because:	e than \$over the next
* 1	have taken the following actions in an attempt to	collect the monies due me:
(A	ttach documentation proving efforts to collect)	
program, and that ar	s affidavit is made as part of the qualification procedure to any misrepresentation herein will be considered a material Under penalties of perjury, I certify the above representation	breach of the lease agreement and subject me to
Арр	olicant's Signature	Date
Hou	sing Service Agent	Date

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements for misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.